

## Standing Order Mandate

Date: \_\_ / \_\_ / \_\_\_\_

Please Pay: Allied Irish Bank, James St., Claremorris, Co. Mayo.

Receiver Account Name: Claremorris Golf Club

Receiver BIC: AIBKIE2D

Receiver IBAN: IE71AIBK93744403934038

The Sum of: €8 4 Weekly

(Please Tick) €26 Quarterly

€50 Half

Start Date: \_\_ / \_\_ / \_\_\_\_

Finish Date: U.F.N.

Name of A/C to be Debited

Address:

Bank:

Branch:

Sender BIC:

Sender IBAN:

Signature of A/C Holder:

Ref. No.: (Please quote on all payments)

Sellers Name:

*Please return to Claremorris Golf Club*

### Receipt

To: _____	Paid S/O €8	4 Weekly <input type="checkbox"/>
_____	€26	Quarterly <input type="checkbox"/>
_____	€50	Half Yearly <input type="checkbox"/>
_____		Cash €100 <input type="checkbox"/>
		Cheque €100 <input type="checkbox"/>

X \_\_\_\_\_ For Claremorris Golf Club

*Thank You for supporting Claremorris Golf Club*